

Neighborhood Planning for Community Revitalization

Skyline Towers 1999 Assessment

Conducted on behalf of

A CONSORTIUM PROJECT OF: Augsburg College; College of St. Catherine; Hamline University; Higher Education Consortium for Urban Affairs; Macalester College; Metropolitan State University; Minneapolis Community College; Minneapolis Neighborhood Revitalization Program; University of Minnesota (Center for Urban and Regional Affairs; Children, Youth and Family Consortium; Minnesota Extension Service); University of St. Thomas; and Minneapolis community and neighborhood representatives.

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Skyline Towers 1999 Assessment

Conducted on behalf of
Model Cities of St. Paul and Lexington-Hamline Community Council

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SKYLINE TOWERS 1999 ASSESSMENT

Background

Skyline Towers Annual Assessment is a project through which the Skyline Towers Collaborative and Skyline Towers Supportive Housing Program measure changes in residents' needs for services and to measure improvement in community development. Findings from the survey are then used to make decisions on development of new programs and adjustments to existing programs.

A thorough understanding of the resident population and their needs is critical in order to effectively plan, implement, and evaluate the collaborative efforts. To address the need for more accurate and timely information about resident issues as well as community assets within the building, an assessment committee, Skyline Towers Assessment Project (STAP), was established in early 1997. STAP was comprised of staff from various agencies represented on the larger Skyline Towers Collaborative. Members included staff from Regions Hospital, Sentinel Management, Model Cities of St. Paul, Ramsey County Human Services, Minnesota International Health Volunteers, Lexington-Hamline Community Council, and St. Paul-Ramsey County Public Health.

The goal of STAP is to organize and implement a plan to collect information from residents of Skyline Towers which will aid in better understanding residents' strengths and needs and lead to effective support for their transition to independent life in Minnesota. In accordance with the goal, STAP coordinates activities to identify indicators, solicit input from the resident community, develop data collection methods and survey instruments, train residents in data collection, analyze the data and prepare reports for the collaborative and other interested agencies.

By the end of 1997, Skyline Towers Collaborative had successfully conducted the first comprehensive survey in Skyline Towers. The findings from the report have been used for program development and implementation at Skyline Towers. Based on the 1997 model, the Collaborative developed the concept of an annual needs assessment. Model Cities of St. Paul coordinates and sponsors the annual effort.

Neighborhood Planning for Community Revitalization (NPCR) and United Way of Saint Paul Area sponsored the 1999 Skyline Towers Assessment. Maki Kawase, a Research Assistant from the University of Minnesota, assisted in data collection and reporting activities of this project.

The Survey

Based on the findings from 1997 baseline data and the 1998 assessment, the 1999 assessment focused on changes in the community over the past three years. At the same time, this assessment had included an extended section on health indicators, using Health Status Questionnaire 2.0 developed by Health Outcomes Institute.

To *measure changes in the community* from 1997 to 1999, the 1999 assessment compared survey data between the three years in six categories: community improvement, basic demographic information, immigration, children, education and employment concerns, and adult health concerns.

To *measure health status of the community*, the Health Status Questionnaire provided the first ever extensive health survey in the building. The findings can also be used as a baseline for future studies.

Methodology

The 1999 assessment combined primary data collection with secondary data analysis taken from Skyline Towers tenant application data, marketing data, and police data.

Sampling. Stratified random samples were used in both 1997 and 1998 to obtain proportional representation among different groups of nationalities and ethnic groups. In 1999, a random sampling procedure was used because resident intake data showed a fair amount of even distribution of ethnic groups on different floors. The sample was drawn by selecting every fourth household from a list of occupied apartments. The sample amounted to about 25% of all households.

Data Analysis. Data analysis was conducted using SPSS. T-tests were used to test statistical significance among data collected in 1997, 1998, and 1999. Analysis of Variance (ANOVA) was used to test group differences where data permitted this comparison. Correlation analysis and modeling procedures were used to identify relationships among different variables.

Data Collection. Data was collected through the 1999 survey, which consisted of a revised Skyline Towers Assessment Project (STAP) questionnaire from 1998 and newly added items on health issues. Ten resident interviewers were trained to administer the 1999 survey. Most (80%) of the interviewers could speak both native languages and English. In case some residents do not read English well enough, the interviewers could translate the survey for them. In the process of data analysis, attention was also given to confounding factors that were caused by administrator variances.

Assisted by Model Cities of St. Paul and the Skyline Towers Collaborative, Maki Kawase coordinated data collection. She provided technical assistance and collected completed surveys on a weekly basis.

Instrument. The STAP questionnaire was developed through a collaborative effort of many agencies and dedicated volunteers. It provided valuable first-hand information on Skyline Towers and its residents during our last survey. During the last three years, certain items of the survey were changed, deleted, or added, but the basic structure has remained the same.

In order to make the instrument more generic so that other agencies can use it in similar situations, an effort has been made to produce a revised instrument in 1998. The revised instrument had 65 items in the original six categories. In the 1999 survey, 39 items on health issues were added to them in order to gain a deeper understanding on the health status of the residents. The instrument for the 1999 assessment had 80 items in the original six categories of community improvement, basic demographic information, immigration, children, education and employment concerns, and adult health concerns.

Sample Description

In this survey, most (70%) of the respondents were female, and 30% of them were male. The proportion of gender was similar to that in the 1997 and 1998 surveys.

More than three-fourths (77%) of the residents surveyed received some form of public assistance: Medical Assistance (30%), SSI (19%), MFIP (17%), General Assistance (6%), or WIC (2)%.

Table 1.
Comparative Percent Distribution of Residents

	1999 Resident Population (N=950)	1997 Sample (n=86)	1998 Sample (n=104)	1999 Sample (n=100)
GENDER (%)				
Male	43	23	21	30
Female	57	77	79	70
RACE (%)				
White	6	15	6	6
Black	76	55	82	62
Asian	18	30	12	32
Native Amer.	1	0	0	0

Surveying

The 1999 survey was conducted over a 7-week period during October, November, and December. The process was under frequent supervision from Maki Kawase, who checked in with each interviewer at least twice a week to monitor progress, answer questions, and collected the completed questionnaires. Although Model Cities provided an office space for the interviewers to use, all interviews took place in the resident apartments where they would feel more comfortable and relaxed. As a compensation for participation in the interview, each resident was given a \$10 gift certificate.

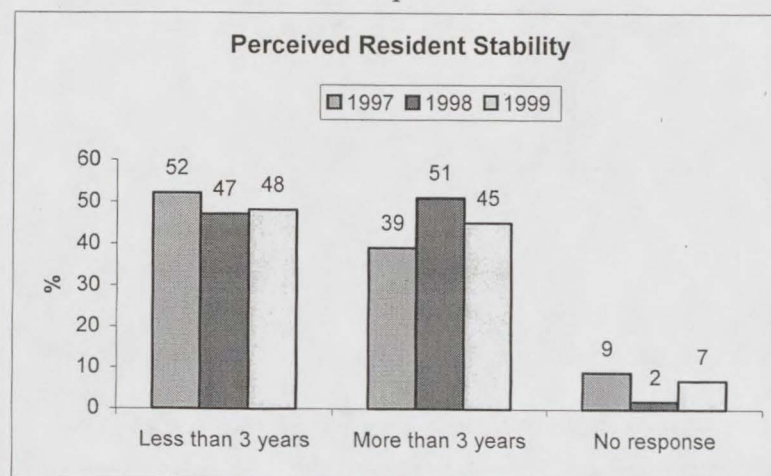
Results

The survey questions were organized around six themes: community improvement, basic demographic information, immigration, children, education and employment concerns, and adult health concerns.

Community Improvement

Resident Stability. As can be seen from Graph 1, almost half of the residents surveyed in 1998 and 1999 planned to stay in Skyline Towers for more than three years. In 1999, 18% of the total respondents indicated that they would stay in the building for another 3 to 5 years. This was almost at the same level as the 1998 survey, since the 1998 survey showed a significant increase to 21% from 5% in 1997. The 1999 survey found that the percent of respondents who would stay for "rest of life" has increased to 19% from 11% in 1998. This suggests that the collaborative needs to have long-term planning in both programs and funding to match the increasing stability of the residents.

Graph 1.

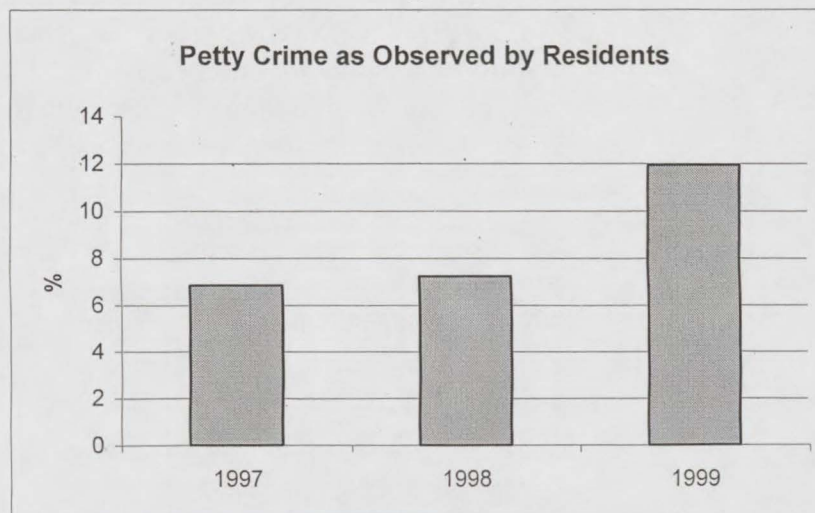


Resident Attitude. When the residents were asked to compare Skyline Towers with their previous residence, 13% of them considered Skyline Towers to be much better, 54% considered it better, and 21% considered it about the same. At the same time, the percent of respondents who thought the building to be “worse” and “much worse” has slightly increased to 12% from 7% in 1998.

Resident Interaction. About half (55%) of the total respondents would visit their friends in Skyline Towers either daily or weekly. Twenty-three percent (23%) answered that they never visited a friend in the building. This has increased from 13% in the 1998 survey. Similar to the 1998 survey, the group who would not visit a friend in the building tended to be females (73%). Half (50%) of the respondents who never visited a friend in the building also indicated that they planned to stay in the building for less than 2 years. When the residents were asked how many of their neighbors they considered friends, 31% indicated less than 2, 51% had 3 to 8, and 12% had more than 10 friends.

Drug and petty crime (including burglary, car theft, assault, verbal abuse, and drugs) seemed to increase in the three-year period from 1997 to 1999. In 1997, on average about 7% of the respondents reported experiencing petty crimes, and in 1999, about 12% respondents reported similar experience. Residents who had experienced verbal abuse increased from 10% in 1997 to 25% in 1999.

Graph 2.



Despite of the increase in petty crimes, 92% of the residents felt “safe” or “very safe” in the building. This is consistent with findings in the previous two years.

Preferred communication method. In the 1998 survey, respondents answered “flyer under door” (47%) and “flyer in mailbox” (37%) as two of the best ways to get information about

activities in Skyline Towers. In 1999, those two ways were also highly supported by the respondents. The choice of "flyer under door" was 52% and "flyer in mailbox" was 33%.

The 1999 survey contained one question that asked how the residents learned about Skyline Towers before they moved in. Eighty-one percent (81%) of the residents surveyed learned about Skyline Towers by "word-of-mouth" through acquaintances, siblings, children, parents, relatives, and friends. A total of 53% of the respondent chose "friends" as the information source about Skyline Towers. Looking at the responses to this question by citizenship status, all immigrants learned about Skyline Towers by people that they knew or by walking into the building. Most (58%) of the respondents who were U.S. citizens also knew the building through acquaintances.

Over half (59%) of the residents surveyed knew about the Tenant Action Council. This is a significant increase from the 1998 survey (41%).

Immigration

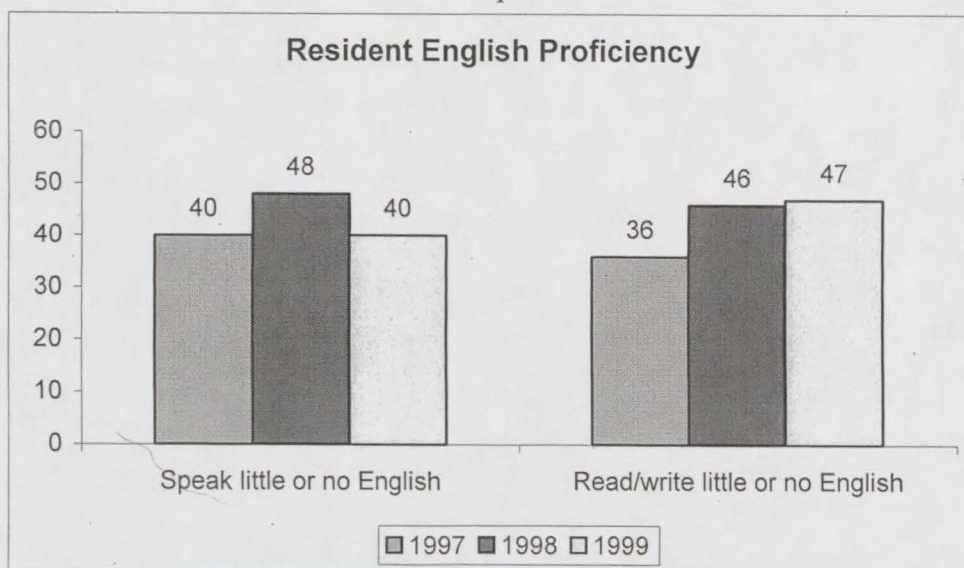
According to the actual tenant information non-U.S. citizens made up 72% of Skyline Towers population. The 1999 survey indicated that more than two thirds (69%) of them had lived in the United States for more than 4 years, less than one third (31%) of them had lived in the United States for less than 4 years. Of all the immigrants surveyed, a little less than two-thirds (64%) of the immigrants had green cards, 9% had work permits, and 20% of them were naturalized citizens.

Most (86%) of the immigrants were interested in receiving information on immigration, and almost two thirds (63%) of them had questions about bringing other family members to the United States.

The 1999 survey showed that 40% of the immigrants surveyed spoke little or no English, while 47% of them did not read or write English.

Of the Asian immigrants, 16% could not speak English at all, and about one-third (32%) could not read or write English. Of the African immigrants, 11% could not speak English at all, and about one in every four (24%) could not read or write English. The differences between Asian and African immigrants may relate to an age distribution of the respondents in this survey. Almost one-third (32%) of the Asian immigrant respondents were over the age of 60, while only 3% of the African immigrants were over the age of 60. In general, acquisition of foreign language is easier for younger people. Comparing to 76% in 1998, 65% of the residents surveyed were interested in the services for improving their English. Another 65% also were interested in service related to "living in a new culture".

Graph 3.



Children

A little less than half (43%) of the residents surveyed had children living together in Skyline Towers. Of all children under the age of five, one-fifth (20%) did not attend a preschool or a daycare program. The main reason cited for not attending these programs was that the respondents wanted their children to stay home until kindergarten (26%). Of all the children who had child care, 32% paid for their daycare or childcare out of pocket. This was an increase from 19% in 1998.

Immunization issues seemed to pose as a more serious problem than that of 1998. Of the residents surveyed who had children, 13% did not have an immunization record for each child, 3% did not have immunization shots for children up to date, 5% were unsure of having immunization shots for children up to date, and 40% needed information on where to get the immunization shots.

Of the children ages 5 to 15 years, almost half (44%) were involved in some kind of after school activity. This has increased by 8 points from 36% in 1998. About one in every six (17%) of the respondents with children in the building had a computer at home.

Education and Employment

In the 1999 survey, almost half (45%) of the sample never graduated from secondary school, though lower than the 1998 survey (62%). The 1999 survey found that all the respondents who never attended school were female. Of the female respondents, 54% never

graduated from secondary school. By ethnicity, 57% of respondents who were Asian immigrants and 60% of respondents who were African immigrants never graduated from secondary school.

Table 2.
Educational Level Comparison

Education Level	% in 1997 Respondents	% in 1998 Respondents	% in 1999 Respondents
No education	7	17	4
Primary school	15	22	14
Attended secondary school	24	23	27
Graduated from secondary school	24	13	21
Attended vocational school or college	12	11	18
Graduated from vocational school or College	10	6	5
Attended or graduated from university	4	5	10
Graduate school	3	2	1

In the sample, all (n = 6) the respondents who could not read nor write in their own language were African female immigrants who accounted for about 10% of all African female immigrants in the sample space.

At the time of the survey, 35% of the respondents had a job that earned money. More than two-thirds (70%) of the respondents worked part-time hours, 28% worked 40 hours per week, and 3% worked more than 40 hours per week. Of the people that did not have a job, a little over one-fifth (21%) were actively looking for work.

This year's survey also identified a need to help residents find jobs. Of the residents surveyed, 24% expressed a need in helping them to find jobs. This remained nearly the same level as the last year (29%).

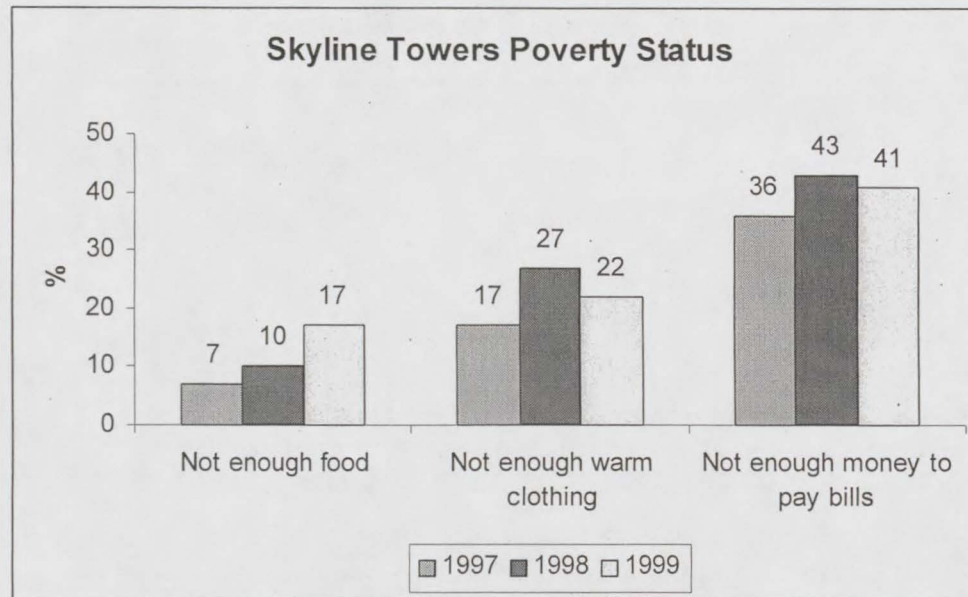
When asked about how their income has changed, 64% considered that there was no change, 21% said they had received more money, and 14% said they had received less money.

In 1999, the respondents who had a checking account with a bank showed an 18-point increase to 43% from 25% in 1998. Of all the respondents, 30% owned a car, van, or truck.

Still, the 1999 survey discovered 17% of the residents surveyed did not have enough food, which showed a significant increase from 1998 (10%). When people did not have enough food to eat, 47% of them got food stamps, 31% got extra food at a food shelf, and 16% got extra food from friends. Six percent (6%) said they skipped meals. Twenty-two percent (22%) of the residents did not have warm coats and boots for winter. In addition, there were 41% of the respondents who did not have enough money to pay for bills. Regardless of the family budget,

most (93%) of the respondents were able to find the kinds of food they like to eat.

Graph 4.



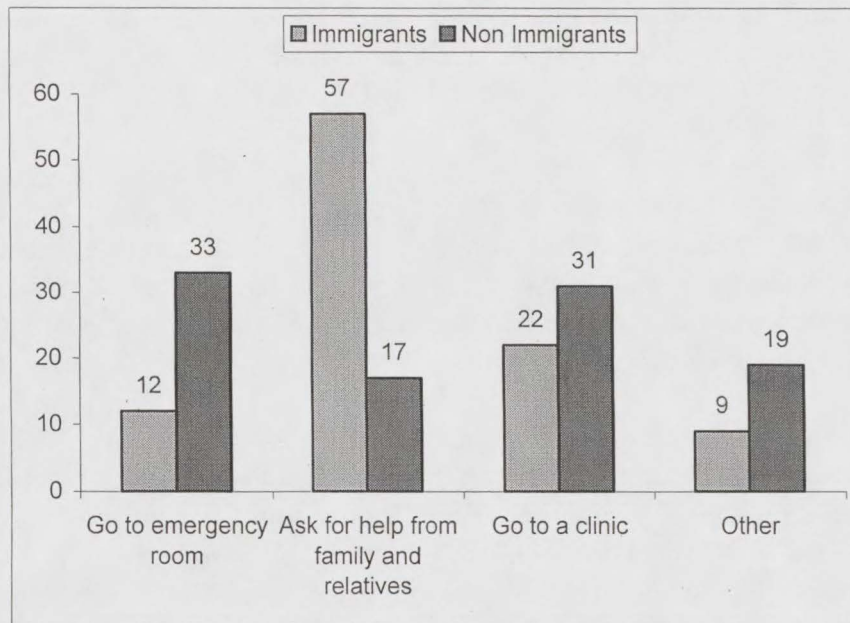
Adult Health

In 1999, the number of residents having medical insurance decreased from 93% in both 1997 and 1998 to 87%. Eight-five percent (85%) of the respondents had dental insurance, and it remained at almost the same level as the 1998 survey (87%).

At Skyline Towers, 71% of the residents surveyed indicated that they had no serious health concerns. Those who had concerns shared various problems, including diabetes, high blood pressure, heart attack, and headache or backache. Diseases due to aging such as memory loss or hearing loss were also reported.

More than half (57%) of the respondents would visit a doctor twice a year or less, and 41% of them would visit a doctor once a month or more frequent. One of the surprising findings in 1998 was that 48% of all respondents would go directly to a hospital emergency room for treatment. In 1999, this percentage has decreased to 21%. Less than half (42%) of all residents surveyed reported that they would ask for help from family and relatives. Of all the immigrant respondents, 57% would ask for help from family and relatives, 22% would go to a clinic, and 12% would go directly to a hospital emergency room. In the case of the U.S. citizens, 33% would directly go to a hospital emergency room, 31% would go to a clinic, and 17% would ask for help from family and relatives.

Graph 5.
Medical Treatment Pattern between Immigrants and Non Immigrants



The severity of inadequate access to medical care seemed to increase in three consecutive years. As in 1997 and 1998, the 1999 survey also tried to measure health access in six areas: making medical appointments, reading medical labels, getting medical insurance, understanding medical insurance, getting to a clinic, and finding an interpreter. The percentage of residents experiencing problems had increased in all areas. Both the respondents who were immigrants and non-immigrants contributed almost equally to problems of medical care. The data suggested that the problems were common for all the respondents.

Table 3.
Health Access Problem Comparison

Type of Problem	% in 1997	% in 1998	% in 1999
Medical appointment	24	30	46
Reading medical labels	20	31	39
Getting health insurance	20	28	47
Understanding health insurance	20	34	40
Getting to clinic	19	29	40
Finding interpreter	12	31	36

Transportation continuously poses a barrier to medical treatment. More than two-thirds (70%) of the residents surveyed did not own an automobile. To see a doctor, 30% of them would

take a bus, 22% would ride with a friend, 9% would take a taxi, and 5% would call an ambulance. As a consequence, only 21% would drive their own car to see a doctor. Among the immigrant respondents, 29% would ride with a friend, 26% would take a bus, and 21% would drive their own car. As for the respondents who were U.S. citizens, 34% would take a bus, 23% would drive their own car, and 11% would ride with a friend. This could disclose differences in resolving problems between the immigrants and the U.S. citizens. The immigrants tended to depend on their friends more than the U.S. citizens did.

Similar to the 1998 finding, most (86%) respondents in 1999 knew the location of their clinic or the doctor or nurse's office listed on their insurance card. More than half (61%) of the residents surveyed also knew about the location of Skyline Tower Health Clinic. But three-fourth (75%) of people surveyed had not used it. Promoting the Skyline Tower Health Clinic to the residents should be a goal for the collaborative.

The respondents were asked if they needed more information in any of the following areas: control worry, exercise, nutrition, parenting skills, prenatal care, high blood pressure, drug/alcohol addiction, family planning, AIDS/HIV prevention, mental health/depression, how to deal with stress, and how to deal with conflict. In all of the 12 areas, the respondents showed increasing interests. In particular, interest in learning about AIDS/HIV prevention has gone up 35%, and interest in mental health/depression education has gone up 30%.

Health Status Questionnaire 2.0 developed by Health Outcomes Institute put health conditions into the following ten categories:

- ♦ Health perceptions;
- ♦ Physical Functioning;
- ♦ Role limitation attributed to physical health;
- ♦ Role limitation attributed to emotional problems;
- ♦ Social functioning;
- ♦ Mental health;
- ♦ Bodily Pain; and
- ♦ Energy/Fatigue.

Health perception. Only 6% of the residents surveyed considered their health was "poor" at the time of the survey. Over half (63%) said that their health was "excellent", "very good", or "good", and the rest (31%) answered their health was "fair". The majority (88%) of respondents rated their health the same or better than a year ago, but 12% of them rated their health as "worse" or "much worse".

Physical functioning. The instrument measured the physical functioning of the residents through the following indicators: vigorous activities, moderate activities, lifting or carrying groceries, climbing several flights of stairs, climbing one flight of stairs, bending, kneeling, or

stopping, walking more than a mile, walking several blocks, walking one block, and bathing or dressing by self. As can be seen from the table, about half of the residents surveyed would have problems with vigorous activities, moderate activities, bending, kneeling, or stooping, walking several blocks, and climbing several flights of stairs,

Table 4: Physical Health Status of the Residents

My health status limits me from:	A lot	A little	Not at all
Vigorous activities	32%	30%	38%
Moderate activities	14%	33%	53%
Lifting or carrying groceries	11%	26%	63%
Climbing several flights of stairs	20%	31%	49%
Climbing one flight of stairs	11%	17%	72%
Bending, kneeling, or stooping	18%	28%	54%
Walking more than a mile	17%	20%	63%
Walking several blocks	25%	23%	52%
Walking one block	13%	12%	75%
Bathing or dressing myself	9%	16%	75%

Role limitations attributed to physical and emotional problems. More than three-fourth (76%) of the respondents showed that their physical health or emotional problems have interfered with their normal social activities with family, friends, neighbors, or groups not at all. More than half (63%) of the residents surveyed have had no bodily pain during the past 4 weeks. About sixty-nine percent (69%) of the sample indicated that no pain interfered with their normal work including both working outside the home and housework; and the same percent of sampled residents expressed no bodily pain.

Mental Health. Though about 50% of the residents responded that they never felt nervous in the past four weeks, about 20% of them felt nervous "a good bit" and worse. About a quarter (26%) of them felt calm and peaceful all the time, but about 30% of them did not feel calm and peaceful at least some of the time. The majority (63%) of them considered themselves a happy person all of the time or most of the time.

In general, the respondents had favorable attitudes towards their own health. There were two questions each for both positive and negative questions. For the negative questions, 23% of the respondents agreed "definitely true" or "mostly true" with the statement, "I seem to get sick a little easier than other people". Only 9% of them responded "definitely true" or "mostly true" with the statement, "I expect my health to get worse". Moving onto the positive questions, 71% of them said that their health was excellent in "definitely true" or "mostly true". More than half (57%) of them indicated that the statement, "I am as healthy as anybody I know" was "definitely true" or "mostly true". Against these results, around one in every five (20%) have felt lost interest or pleasure or felt depressed.

Health Status Questionnaire 2.0 has included three questions that are used as depression risk screeners. A resident could be at risk for having a depressive disorder by affirming Question 37, which stated that in the past year, they have had two weeks or more during which they felt sad, blue, or depressed; or when they lost all interest or pleasure in things that they usually cared about or enjoyed. Or a resident could be at risk for having a depressive disorder by affirming both Questions 38 and 39, which stated that they have had 2 years or more in their lives when they felt depressed or sad most days, even if they felt okay sometimes, and that they have felt depressed or sad much of the time in the past year. Twenty-three percent (23%) of the respondents gave positive responses to Question 37; 20% of the residents had positive responses for Question 38, and 20% of them were depressed or sad much of the time in the past year.

Suggestions and Recommendations

The collaborative should have both short-term and long-term strategies.

In the 1998 survey, it was observed that more African immigrants arrived at Skyline Towers during that year. As Table 5 showed, there were more than 20% of residents who had lived in Skyline Towers for less than one year in both 1998 and 1999. A cross tabulation indicated that over half (57%) of the respondents who stayed in Skyline for less than one year was African immigrants. The residents who had lived in the building between 4.1 years to 8 years showed an 18-point increase to 31% in 1999 from 13% in 1998. A cross tabulation revealed that 56% of the respondents in the range of 4.1 years to 8 years were Asian immigrants.

Table 5.
Comparison of Length of Residency at Skyline Towers

Length of Residency at Skyline Towers	% in 1997 Respondents	% in 1998 Respondents	% in 1999 Respondents
Less than 1 year	3	24	22
1.1 – 2.0 years	45	26	17
2.1 – 4.0 years	22	28	21
4.1 – 8.0 years	18	13	31
More than 8 years	12	6	8

As can be seen from Graph 1, 48% of sampled residents planned to stay for 3 years and less, while 54% of them planned to stay for more than three years. This situation suggested that in addition to programs that help the residents to gain physical, social and economic independence, there needs to be programs that help to stabilize and improve the living condition of the community as a whole.

Residents were positive about their community.

The majority (92%) of the respondents considered Skyline Towers to be a safe or very safe place to live. This figure remained the same as the last year (92%). Two thirds (67%) of them thought the building to be a better or much better place than their previous residence.

More residents were planning to stay longer in Skyline Towers. As data shown in the previous section, the 1999 survey found that the number of residents, who would stay in the building for longer than 3 years to rest of life, has not changed much from the 1998 survey. In both surveys, around half of the respondents intended to live in the building for a longer period of time (51% in 1998; 45% in 1999). It seemed to be established that the certain number of residents had a plan for longer stay in the building. Thus, it would be continuously important to have a more intensive model for community building including short-term and long-time residents. The intention of Skyline Towers Supportive Housing is to stabilize the residents, improve the quality of their lives through workforce development, and then move them into houses in the larger community.

As for the respondents who were immigrants, 65% of them were interested in participating in the service for living in a new culture, besides the service for improving English. Not only the immigrants but also the U.S. citizens would be able to join the program under the theme of living in a new culture. This service would give the immigrants and the U.S. citizens an opportunity to share their experiences with one another, along with learning a new culture. Such an activity might provide a common meeting place in the building for the residents.

Support for females in improving English proficiency

Acquisition of a foreign language relates to proficiency in one's own language. In general, it would be helpful to the learner if she/he has experience in learning to read and write in his or her own language, when trying to learn how to read, write and speak in a foreign language. The 1999 survey found that the immigrant group who could not read nor write in own language was female. Thus, it would be necessary to continue to provide this population with ESL classes when the program could reach them. Also the content of ESL programs may be examined along with the literacy program. As the data in the previous section showed, there were respondents who could not speak English or could not read or write English in both Asian and African immigrants, and it would be necessary to encourage both groups to participate to ESL classes.

Promotion of Skyline Tower Health Clinic

As reported in the 1998 assessment, the on-site Adult Health Clinic encouraged residents to use clinics listed on their insurance cards. The 1999 survey found most (86%) respondents knew the location of their clinic on their insurance card. In this regard, as far as the on-site Health Clinic is considered as one of contributing factors, it is importance to promote Skyline Tower Health Clinic to the residents. This year's survey showed that there still existed a large group (75%) of the respondents who never accessed the clinic in the past.